

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

9. Maternity Clinic Services (cont'd)

C. 36TH WEEK VISIT: A complete physical, as well as all routine procedures under the interim visits, is done by the physician, OB/GYN Nurse Practitioner or Certified Nurse Midwife. The client is seen in the clinics as long as her condition remains low risk. Appropriate consultation and/or referral will be made at any time for a client at high risk.

D. RISK ASSESSMENT: All pregnant women are eligible for evaluation for risk of conditions that may complicate or threaten a healthy birth outcome. The following professional staff may assist/participate in the risk assessment - nurse, social worker, or nutritionist under the direction of a physician, OB/GYN nurse practitioner, or certified nurse midwife. A pregnant woman is considered high risk if one or more risk factors are indicated on the form used for risk screening.

For a risk assessment to be compensable, a Problem Oriented Perinatal Risk Assessment (POPRAS III) must be completed by a skilled medical professional.

E. NUTRITIONAL ASSESSMENT/COUNSELING: Nutritional assessment/counseling is covered only for high risk pregnant women, as identified in the risk assessment tool (POPRAS III). Counseling is appropriate for women whose complications require the services of a dietician/nutritionist for treatment of a pregnancy related complication, e.g., diabetes, over/under weight. The services are provided by a registered dietician or licensed nutritionist. The nutritional assessment is done by the registered dietician or licensed nutritionist, and is considered as one unit of nutritional assessment/counseling. If the high risk pregnant woman is eligible for WIC, the nutritional assessment for this program will coordinate with the WIC assessment in order to prevent two programs from doing duplicate assessments.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

9. Maternity Clinic Services (cont'd)

- F. HEALTH EDUCATION: Health education is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). It is designed to prevent the development of further complications during pregnancy and to provide educational information to the pregnant woman in caring for herself during pregnancy. This service may be provided by a registered nurse, nurse practitioner, certified nurse midwife, nutritionist/dietician, or social worker. Education may include, but is not limited to, prenatal care, danger signs in pregnancy; labor and delivery; nutrition, pregnancy risk reduction, postpartum care, reproductive health.
- G. PSYCHOSOCIAL ASSESSMENT/COUNSELING: Psychosocial assessment/counseling is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). Psychosocial assessment/counseling is appropriate in order to develop a social work care plan based upon the health risks due to psychosocial factors. Counseling is appropriate for women whose complications require psychosocial intervention as an essential element of treatment in dealing with the complication e.g., use/abuse of drugs/alcohol, significant psychological condition, etc. This service will be used to reduce the likelihood of a poor birth outcome. This service must be provided by a Masters of Social Work (MSW) or a bachelor level social worker under the direct supervision of a MSW.
- H. GENETICS ASSESSMENT/COUNSELING: Genetics assessment/counseling is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). It is designed to deliver information to a pregnant woman about inherited disorders or environmental exposures to toxic substances that may cause congenital defects in the fetus. This service is performed by a genetic counselor or a registered nurse in consultation with a genetic counselor.
- I. PREGNANCY TEST: Pregnancy test to verify pregnancy.

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State OKLAHOMA

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10. Dental services

Payment is made for medical and surgical services furnished by a dentist to the extent such services may be performed under State law either by a doctor of medicine or by a doctor of dental surgery or dental medicine when those services would be covered if furnished by a physician.

For children see Item 4.b., EPSDT.

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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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12.a. Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

Prescription Drugs

Payment will be made from Title XIX funds to pharmacists with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of three prescriptions (new or refill) per month per eligible recipient. Exceptions: Prescription drugs under EPSDT, birth control drugs, antineoplastics, chemotherapeutic agents for the treatment of opportunistic infections for persons diagnosed with acquired immune deficiency syndrome (AIDS), certain prescriptions which require frequent laboratory monitoring, and hemophilia drugs are not limited to the three (3) prescriptions per month. Prescription quantities are limited to a 34 day supply or 100 dosage units, whichever is greater. Only legend drugs whose manufacturers have a rebate agreement with HCFA are covered.

Tiered Formulary

The DUR Board will determine medical necessity for drugs covered under the Oklahoma drug formulary and establish criteria for any prior authorization process. A preferred product, tiered formulary, is utilized for certain categories of drugs. Drugs included in tier one are available without additional documentation. A prior authorization process is available for drugs not included in tier one.

The following legend drugs are excluded from coverage:

Anorexia or Weight Gain Medications: Medications used for anorexia or weight gain will not be a covered drug benefit. Exceptions: Methylphenidate and Dextroamphetamine shall be covered drug benefits for Medicaid covered children when prescribed for hyperactivity and narcolepsy. A prior authorization is required for adults. Methamphetamine and Methamphetamine/Dextroamphetamine require prior authorization for both children and adults.

Fertility Medications: Medications used to promote fertility will not be a covered drug benefit.

Cosmetic or Hair Growth Medications: Medications used to promote hair growth for cosmetic purposes will not be a covered drug benefit.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED

CATEGORICALLY NEEDY

12.a. Prescription drugs (continued)

Cough and Cold Medications: Medications used for the symptomatic relief of coughs and colds will not be a covered drug benefit.

Prescription Vitamins and Minerals Products: Legend vitamin medications will not be a covered drug benefit. Exception: Vitamin medications containing fluoride for children and prenatal vitamins shall be a covered drug benefit.

Obesity Medications: Medications with primary usage for the treatment of obesity, such as appetite suppressants, will not be a covered drug benefit.

Less-than-effective Medications: Medications determined by the FDA to be less-than-effective are not covered.

Experimental Medications: Medications that are experimental or whose side effects make usage controversial are not covered.

Legend Medications Requiring Associated Tests: Legend medications requiring associated tests and/or monitoring will be a covered drug benefit only after obtaining prior authorization. A prior authorization process will also be used to authorize coverage of selected non-covered medications for individuals with specific diseases.

Non-Legend Medications: Non-legend medications will not be a covered drug benefit. Exception; Insulin preparations and over the counter contraceptive products shall be a covered drug benefit.

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State OKLAHOMA

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12.c. Prosthetic devices

Limited to catheters and catheter accessories, colostomy and urostomy bags and accessories, tracheostomy accessories, nerve stimulators, hyperalimentation and accessories, home dialysis equipment and supplies, oxygen/oxygen concentrator equipment and supplies, respirator or ventilator equipment and supplies, and those devices inserted during the course of a surgical procedure.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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12.d. Eyeglasses

See 4.b. EPSDT

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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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13. Other diagnostic, screening, preventive and rehabilitative services, i.e. other than those provided elsewhere in this plan.

b. Screening services

Refer to Attachment 3.1-A, Page 1a-4.

d. Rehabilitative services

Blood

Inpatient - Payment is made to blood banks for blood when the cost of blood is not included in the hospital per diem cost.

Outpatient - Payment is made for blood and blood fractions on behalf of an eligible recipient who is suffering from a congenital or acquired disease of the blood which requires the use of blood or blood fractions. Payment may be made to physicians, clinics, outpatient hospitals or blood banks.

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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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13.d. Rehabilitative Services (Outpatient Mental Health Services)

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the client. The client must be able to actively participate in the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. For DMHSAS contracted and private facilities, an agent designated by the Oklahoma Health Care Authority (OHCA) will apply the medical necessity criteria. For Public facilities (Regionally based CMHCS), the medical necessity criteria will be self-administered. Non-authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent. (See Outpatient Mental Health Services, Attachment 3.1-A, Page 2a-2, through Page 1a-2.12, for amount, duration and scope.)

13.d. Rehabilitative Services (Behavioral Health Services)

See item 4.b. EPSDT in Attachment 3.1-A, Page 1a-6.8

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14. Services for individuals age 65 or older in institutions
for mental diseases

(a) Inpatient hospital services

Limited to those persons whose Title XVIII, Part A benefits are exhausted for this particular service and/or those persons who are not eligible for Title XVIII benefits.

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